TDDD (200				VODENI CAROTTANA		P1.00	: 1	
IPDR6702 RUN DATE:	11/22/2004		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE		
				ECKWRITE DATE: 11/24/2004				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION		DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	3278	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8599	164	DETAIL NOT COVERED BY COMBINAT	72	3756	3924	168
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0000	100	THE THE PROGRAMME AND THE PROGRAMME				
		8800	106	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0	<u> </u>	0	n	0	
3404904	WESTERN HIGHLAN	8517	99	CLAIMS DENIED, SUBMITTED BEYON				1
	DS LME			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
								<b> </b>
		8518	58	CLAIM DENIED, SUBMITTED BEYOND	0	206	561	355
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		21	18	DUPLICATE OF CLAIM-SYSTEM				
			10	bothern of child office				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		0	0		0	0	0	
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	(
3404910		24	3627	PROCEDURE CODE, PROCEDURE/MODI				
3404310	PATHWAYS		3027	FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		11	184	CLIENT NOT ELIGIBLE ON SERVICE	10	4086	8293	420
		1	1	DATE				
		1						
		8599	171	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912		8931	13	AMTNC INELIGIBLE TO RECEIVE SE				
2404217	CATAWBA COUNTYM ENTAL HEALT	0331		RVICES IN IPRS.				
_		8932	8	CMTNC INELIGIBLE TO RECEIVE SE	24	34	137	103
		1		RVICES IN IPRS.				
			<del> </del>					-
		11	5	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
240404								
3404913	MECKLENBURG COM	U	U	*** NO DATA TO REPORT ***				
	ENTAL HEALT		<del> </del>					-
								<b> </b>
		0	0		0	0	0	
	+	1	t			i	1	

	T.	ı	1	1				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8517	232	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	152	CLAIM DENIED, SUBMITTED BEYOND	1	547	7162	6615
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	100	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917		8599	289	DETAIL NOT COMPEDED BY COMPINAT				
3404917	CENTERPOINT HUM	0333	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	AN SERVICES			BENEFIT PACKAGE.				
		8931	245	AMTNC INELIGIBLE TO RECEIVE SE	272	863	3254	2391
				RVICES IN IPRS.				
		537	156	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404918	ROCKINGHAM CO M	8599	41	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	33	CLIENT NOT ELIGIBLE ON SERVICE	22	121	870	749
				DATE				
		8935	15	ASTNC INELIGIBLE TO RECEIVE SE				
		0933	13	RVICES IN IPRS.				
				RVICES IN IPRS.				
3404919		8517	444	CLAIMS DENIED, SUBMITTED BEYON				
3404313	GUILFORD CO MEN	0017		D FILING TIMELIMIT. JULY				
	TAL HEALTHC			THROUGH APRIL DOS MUST BE SUBM				
		8599	179	DETAIL NOT COVERED BY COMBINAT	57	923	2824	1901
				ION OF RECIPIENT, PROVIDER AND	37	523	2024	1901
				BENEFIT PACKAGE.				
		8518	148	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASWEL	8599	567	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	48	CLIENT ID NUMBER DOES NOT MATC	44	812	11399	10587
				H PATIENT NAME				
		0505						
<b> </b>		8505	43	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NI BODGET				
				+				
3404921	ORANGE PERSON C	5312	920	PRIOR AUTHORIZED DOLLARS EXCEE				<b> </b>
				DED				
	HATHAM AREA							
				<u> </u>				
l		21	557	DUPLICATE OF CLAIM-SYSTEM	41	1767	4936	3169
						2.07	.550	
		8599	124	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
l								
ļ		U	U		0	0	0	0
3404923		8599	745	DETAIL NOT COVERED BY COMBINAT				
2404923	VGFW AREA AUTHO	8599	/40					
	RITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
<b> </b>		5404	95	SEVERE DUPLICATE: SAME ATTD PR	-	0	04.1	400
<b> </b>				OV/PCODE/TOS/DOS/MOD	0	945	2149	1204
<b> </b>								
		11	81	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
l								
	i e	1			1			1
1								1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8599	677	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	252	CLAIMS DENIED, SUBMITTED BEYON				
		0317	232	D FILING TIMELIMIT. JULY	152	1792	11266	9474
				THROUGH APRIL DOS MUST BE SUBM				
		120	215	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
404926	SOUTHEASTERN RE	11	132	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		8599	97	DEMAND NOW COMPANY DV. COMPANY				
		0399	91	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	63	678	3036	2358
				BENEFIT PACKAGE.				
		23	82	SERVICE REQUIRES PRIOR APPROVA				
				L				
404927	CUMBERLAND CO M	8505	133	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	130	DETAIL NOT COVERED BY COMBINAT	5	537	1644	1106
	1			ION OF RECIPIENT, PROVIDER AND	<b></b>			
				BENEFIT PACKAGE.	-			1338
	1	27	93	DIAGNOSIS CODE MISSING OR INVA	<del>                                     </del>			
		21	33	LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
404929	LEE HARNETT MH/	11	86	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		8599	20	DETAIL NOT COVERED BY COMBINAT	0	120	1458	1338
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	8	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
404930		8599	5	DETAIL NOT COVERED BY COMBINAT				
	JOHNSTON COUNTY MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
	MNIL HLINC			BENEFIT PACKAGE.				
		8952	4	CLAIM DENIED DUE TO AGE RESTRI	3	12	806	794
				CTIONS FOR TARGET POPULATION				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	1				<b></b>			
404021	<u> </u>	11	294	CLIENT NOT ELIGIBLE ON SERVICE	-			
404931	WAKE CO HUM SVC	11	~ 24	DATE	<del>                                     </del>			
	BILLING OF							
	1	1	1		1	1		
	1	23	3	SERVICE REQUIRES PRIOR APPROVA	0	301	327	26
				L		301	321	20
			2	CLIENT ID NUMBER NOT ON STATE		1		
		143	3					
		143	2	ELIGIBILITY FILE				
		143	-					
404020		143		ELIGIBILITY FILE				
404932	RANDOLPH/SANDHI	0	0					
104932	RANDOLPH/SANDHI LLS CO MH C	0	0	ELIGIBILITY FILE				
104932		0	0	ELIGIBILITY FILE				
404932		0	0	ELIGIBILITY FILE				
404932		0	0	ELIGIBILITY FILE	0	0	0	0
404932		0	0	ELIGIBILITY FILE	0	0	0	0
	LLS CO MH C	0 0	0	ELIGIBILITY FILE	0	0	0	0
	LLS CO MH C	0	0	ELIGIBILITY FILE  *** NO DATA TO REPORT ***	0	0	0	0
	LLS CO MH C	0	0	ELIGIBILITY FILE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT	0	0	0	0
	LLS CO MH C	0	0	ELIGIBILITY FILE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	0	0	0
	LLS CO MH C	0	0 93	ELIGIBILITY FILE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  DETAIL NOT COVERED BY COMBINAT  DETAIL PACKAGE, PROVIDER AND  BENEFIT PACKAGE,  CLIENT ID NUMBER DOES NOT MATC	0	0	0	0
	LLS CO MH C	0 0 8599		*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	2736	2496
	LLS CO MH C	0 0 8599		ELIGIBILITY FILE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  DETAIL NOT COVERED BY COMBINAT  DETAIL PACKAGE, PROVIDER AND  BENEFIT PACKAGE,  CLIENT ID NUMBER DOES NOT MATC	0	0	2736	2496
1404932	LLS CO MH C	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	59	ELIGIBILITY FILE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER DOES NOT MATC R FATIENT NAME	0	240	2736	2496
	LLS CO MH C	0 0 8599		#*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE	0	240	2736	2496
	LLS CO MH C	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	59	ELIGIBILITY FILE  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT ID NUMBER DOES NOT MATC R FATIENT NAME	0	0 240	2736	2496

			<u> </u>				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DEGGETERACI	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934		120	21	CLIENT ID NUMBER MISSING OR IN				
3404334	ONSLOW COUNTY B	120	2.1	VALID. ENTER CID AND SUBMIT				
	EHAVIORAL H			AS A NEW CLAIM				
		8599	17	DETAIL NOT COVERED BY COMBINAT	2	65	505	44
				ION OF RECIPIENT, PROVIDER AND	~		303	
				BENEFIT PACKAGE.				
		11	13	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	_							
		0	0		0	0	0	
		-			U	U	0	
3404936	WILSON-GREENE M	8931	20	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		21	19	DUPLICATE OF CLAIM-SYSTEM	28	68	4117	404
		0500	1.4	DESCRIPTION OF COURSES BY COURSES				
	1	8599	14	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACAGE.				
3404937	EDGECOMBE NASH	8517	1469	CLAIMS DENIED, SUBMITTED BEYON				
3404337	EDGECOMBE NASH MNTL HLTH C	0017	1405	D FILING TIMELIMIT. JULY				
	MNIL RLIR C			THROUGH APRIL DOS MUST BE SUBM				
		21	35	DUPLICATE OF CLAIM-SYSTEM	7	1536	4907	337
		191	10	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
0.40.4000		4.4	0.4					
3404938	VGFW DBA RIVERS	11	21	CLIENT NOT ELIGIBLE ON SERVICE				
	TONE COUNSE			DATE				
		24	16	PROCEDURE CODE, PROCEDURE/MODI	2	42	245	20
				FIER COMBINATION OR PROCEDURE	3	47	345	29
				CODE/TYPE OF SERVICE COMBINATI				
		5404	3	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404939	NEUSE MENTAL HE	8599	92	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	41	CLIENT ID NUMBER MISSING OR IN	9	245	5137	489
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		0.7	22	DIAGNOSTA CODE MAGAZIG OD THE				
	1	27	22	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE				
		1	1	CORRECT DIAGNOSIS CODE AND SUB				
		1	1	COMMET DIAGNOSIS CODE AND SUB				-
3404941	DITTE CO MU (DD /C	11	315	CLIENT NOT ELIGIBLE ON SERVICE				
	PITT CO MH/DD/S AS CENTER	1	1	DATE	1		1	
	AS CENTER		1					-
	+	1	1		1		1	
		21	61	DUPLICATE OF CLAIM-SYSTEM	29	484	1356	87
		1	1		29	484	1356	87
		1	1					<b>-</b>
			1					
		8599	56	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			1					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942		8932	-	CMTNC INELIGIBLE TO RECEIVE SE				
3404942	ROANOKE CHOWANH	8932	5	RVICES IN IPRS.				
	UMAN SERVIC			RVICES IN IPRS.				
		5404	5	SEVERE DUPLICATE: SAME ATTD PR	10	23		
		3404	7	OV/PCODE/TOS/DOS/MOD	10	23	954	93
				01/10002/100/200/200				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA	11	23	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		537	14	PROCEDURE IS NOT COVERED FOR T	18	88	642	55
				HIS DATE OF SERVICE				
		8599	12	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	8621	111	60 RESIDENTIAL LEVEL III TREAT				
	N SERVICES			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	101	DETAIL NOT COVERED BY COMBINAT	52	358	3132	277
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	45	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM	11	463	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
			0					
		U	U		0	463	463	-
3404957		8622	30	60 RESIDENTIAL LEVEL II TREATM				
3404937	TIDELAND MENTAL	0022	30	ENT RECEIVED, PA IS REQUIRED				
	HEALTH CTR			FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		537	23	PROCEDURE IS NOT COVERED FOR T				
		237	23	HIS DATE OF SERVICE	9	90	455	36
								-
		8599	13	DETAIL NOT COVERED BY COMBINAT				-
	1	1	1	ION OF RECIPIENT, PROVIDER AND				
	1	1	1	BENEFIT PACKAGE.				
		1		1				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT	1		1				
	01							
		0	0		0	n	0	
					0		Ü	<u> </u>
3404979	NEW RIVER AREAM	8599	137	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE	123	461	4489	402
				DATE				
	1	8931	111	AMTNC INELIGIBLE TO RECEIVE SE				